

<b>Case Number:</b>	CM14-0099585		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/29/1990
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 69-year-old male who was injured on May 29, 1990. The patient continued to experience pain in his left hip, loss of movement of the right hip, and loss of bowel and bladder control. Physical examination was notable for decreased sensation to the right anterior thigh, right lateral calf, and right lateral ankle. Diagnoses included status post cervical spine surgery, status post lumbar spine surgery, status post right hip replacement surgery and fibromyalgia. Treatment included surgery. Requests for authorization for a Hoveround wheelchair, life alert, handicap toilet, inversion unit, and home health care 4 hours daily 5 days a week were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Hoveround wheelchair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines [www.acoempracguides.org](http://www.acoempracguides.org).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation .Official Disability Guidelines (ODG) Knee & Leg, Power motility devices.

**Decision rationale:** Power motility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. In this case there is no documentation that the patient has functional mobility deficit severe enough to require dependence on a powered device. Medical necessity has not been established. The Hove around wheel chair is not medically necessary.

**Life Alert:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines [www.acoempracguides.org](http://www.acoempracguides.org).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate: Office-based assessment of the older adult.

**Decision rationale:** Life Alert is a medical alert system specifically designed to protect seniors and all family members in a home health emergency. Life Alert services can help seniors remain independent and possibly avoid a retirement home by sending help fast in the event of a fall, fire, CO Gas poison, and home invasion emergencies. In this case there is no documentation that the patient has had frequent falls or that he lives alone. Medical necessity has not been established. Life Alert is not medically necessary.

**Toilet invasion unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower back, Lumbar & Thoracic, Traction.

**Decision rationale:** The request is clarified for handicapped toilet and inversion unit. The handicap toilet is a device for patients who have difficulty transferring to and from the toilet. There is no documentation that the patient's is unable to transfer. The handicap toilet is not recommended. The inversion unit is a traction device. Traction is not recommended using powered traction devices, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain. Traction is the use of force that separates the joint surfaces and elongates the surrounding soft tissues. The evidence suggests that any form of traction may not be effective. The Toilet invasion unit is not medically necessary.

**Home healthcare 4 hours a day for 5x per week: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines [www.acoempracguides.org/lowback](http://www.acoempracguides.org/lowback).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 51.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that home health services are recommended only for recommended medical treatment in patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include personal care like bathing, dressing, or toileting and it does not include homemaker services like shopping, laundry, or cleaning. In this case there is no documentation in the medical record to support the necessity for medical treatment at home. The patient is not homebound. Home healthcare 4 hours a day for 5x per week is not medically necessary.